

**NATIONAL HEALTH AMENDMENT (IMMUNISATION) BILL
2006
Second Reading**

[Mrs HULL](#) (Riverina) (11.13 a.m.)—One could be forgiven for being confused by the speech of the previous speaker, the member for Richmond. It might lead one to believe that Labor in government had a very good track record of being on top of the immunisation agenda, but of course we all know that that is not true. We all know that under the Labor government the immunisation coverage rate fell to as low as 53 per cent for children under or at 12 months of age. Well before I was in this parliament, when I was Wagga Wagga City Council Deputy Mayor, trying to extol the virtues and benefits of having children immunised, I was well aware that the immunisation rates were dangerously low. As a community representative and citizen at the time, I undertook many programs and promotional opportunities to encourage our young mums who had not been exposed to or seen the devastation that the very serious illnesses of polio and whooping cough bring and were more concerned about the effects of vaccines than the illnesses themselves to have their children vaccinated. At that time, under Labor, there was an extraordinarily low rate of vaccination for our children.

I am not so sure that the previous speaker has really understood the intention of the immunisation agenda, what this government has been able to achieve and the benefits that it has been able to bring about. Expenditure on vaccines has increased 22-fold from around \$13 million in 1996, when this government came to power, to \$285 million in 2004-05. It is obviously still increasing. We have a very good story to tell. In fact, the number of children vaccinated at 12 months has now increased to an all-time high of well over 90 per cent. I think credit needs to be given. Listening to the previous speaker, you would not believe that any credit was attributable.

The bill that we have before us today, the [National Health Amendment \(Immunisation\) Bill 2006](#), focuses on an unintended consequence of the National Health Amendment (Immunisation Program) Act 2005. We passed that last year in this parliament and it came into effect on 1 January 2006. The unintended consequence was that goods and services associated with the provision or administration of vaccines could not be provided under the National Health Act. This unintended consequence needs to be rectified. In principle, it needs to be rectified to enable the provision under the National Health Act of Q fever skin tests and five per cent incentive funding to the states and territories to keep their immunisation rates high.

I want to focus particularly on the Q fever skin tests. That this amendment bill is critical to overcoming this unintended consequence is very clear to rural and regional people. We believe that a strong national immunisation program is terribly important. As new and more complex vaccines are developed, steps must be taken to ensure that the immunisation program is as efficient and effective as possible for all Australians. As I said, my focus is on one area of the bill in particular and that is Q fever—the very area that this amendment is designed to fix.

Earlier this year, a practice manager of the local doctor's surgery in my electorate wrote to me with concerns about CSL Ltd's proposal to withdraw the Q fever vaccine for people other than abattoir workers until the end of 2007. This is because of limited supply. This person was advised that CSL's belief was that abattoir workers are most at risk. Abattoir workers are at risk. In my electorate this issue is of concern because we have Cargill Beef Australia's processing

facility, established in 1991, with a daily processing capacity of 1,200 and employing about 625 staff. The manager of this general practice indicated to me that Cargill Beef Australia do about 60 Q fever vaccinations per month for their own employees. In addition to those, Cargill require that all employees of contractors have valid Q fever vaccinations or certification of prior exposure, as they should do. Q fever is an extraordinarily difficult and dangerous disease. These persons are dealt with not by Cargill but by private medical practices. The practice that brought this matter to my attention provides most of the services within my electorate of Riverina.

There are so many other employees who need to be vaccinated or certified, including operators of livestock selling centres, stock and station agents, livestock transport carriers and local primary producers. The practice also provides Q fever services for Charles Sturt University, in Wagga Wagga, which offers agriculture courses, equine studies and the much heralded new veterinary science courses, as well as doing significant research in these areas. The issue here will only grow as more students enrol in these courses, with the state-of-the-art new facilities that were unveiled by our fantastic Minister for Education, Science and Training, the Hon. Julie Bishop, just a fortnight ago. The figures from the local practice for the period January 2005 to February 2006 show that they tested 156 people and have provided vaccine for 108 of these people. In addition, the surgery estimates that about 110 people from Charles Sturt University have been tested from January 2005 to this date.

Q fever is found worldwide in wild and domestic animals. It is an acute and occasionally chronic illness caused by infection with the bacterial organism called *Coxiella burnetii*. A number of other local medical practices in the region also provide Q fever services. I believe that it is critical that this bill, with the purpose of amending the National Health Act 1953 to allow the provision of goods and services that are assessed with the provision of administration of designated vaccines, be passed. As I said, this bill is really about amending the Health Act to provide assistance for Q fever skin tests.

The amendments made by the immunisation act did not give the minister power under the act to continue the current arrangements with states and territories for assistance in procuring goods and services related to vaccine provision—for example, vaccine storage and delivery. The immunisation act amendments also prevent the Australian government from providing funding under the act for essential pre- or post-vaccine requirements under current arrangements—for example, the pre-vaccination screening test for Q fever vaccine. This was not the intention of that act and it is only right that this government should move to ensure that the intention of the act is maintained. The effect of the principal amendment in the bill will be to allow the minister for health to make arrangements to provide goods and services other than vaccines which are essential for the provision of designated vaccines.

The response to representations made regarding CSL Ltd was that we the government were certainly acting as quickly as we could to address the situation that the company intended to cease production of a number of injectable vaccines, including the Q fever vaccine Q-Vax. I was very pleased that the government moved very quickly on the issue of concern for the surgery that was dealing with the primary issue of Q fever across the electorate of Riverina and could see the real problem in the limited numbers of vaccines—and what that would cause in an area that has a large vaccine requirement. A tender process was initiated by the government to attract new supply of Q fever vaccine. Although, firstly, CSL was controlling distribution of Q fever vaccine to the private

market until alternative arrangements are made, secondly, the government was advised that abattoir workers, trades on the abattoir campus and other people visiting abattoirs were given priority access to the remaining supplies of Q fever vaccine and, thirdly, a discretionary approach will be adopted regarding supply to other persons potentially at high risk, it is alarming—and it was alarming to the government—that this happened in the area and that the provision of vaccines through priority was recognised as clearly necessary. I applaud the government for having made a very quick and decisive move to ensure that people in my electorate and across Australia are able to access the Q fever vaccine.

This legislation shows the commitment and recognition the Australian government has given to ensuring vaccines can be more readily accessed in Australia. I have given you a prime example of what took place with Q fever vaccine. The government's expenditure on vaccines has increased. We have a very good track record and I look at what we have in place at the moment as being one of the best assets of having a coalition government.

The supply of vaccines, especially for Q fever, is an extremely important issue for the agriculture and livestock industries across Riverina. When this issue arose it was understood that peak meat and livestock industry councils and other stakeholders were analysing exposure risks, and health authorities considered what alternative management strategies could have been implemented in the short term if there were a temporary shortage. CSL advised clinicians who administer the vaccine of the supply limitations and requested the vaccine be provided to individuals with a high risk of infection, but this is a concern also. There simply should not be a shortage or limit on vaccines as significant as Q fever vaccine.

This bill preserves the current funding arrangements between the Commonwealth, state and territory governments and rectifies the unintended consequences of previous legislation to enable the continuing provision of Q fever skin tests and five per cent funding incentive to states and territories. I believe this bill will assist in making sure that vaccines are more readily available in my electorate and across Australia. It is a very important issue with many livestock selling centres, stock and station agents, livestock transport carriers, and local primary producers needing to be vaccinated or certified. It is for this reason that I wholeheartedly support this very common-sense bill that the minister has put before us.